



Tripler Joint Venture Update

Ms. Brenda Horner
Mr. John Holes
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Agenda



- Overview of the Sharing Initiative
 - Where we are today?
 - Goals
- Progress to date
- 5 Things We Do Well
- 5 Things We Need
- Lessons Learned
- Contact Information



Overview

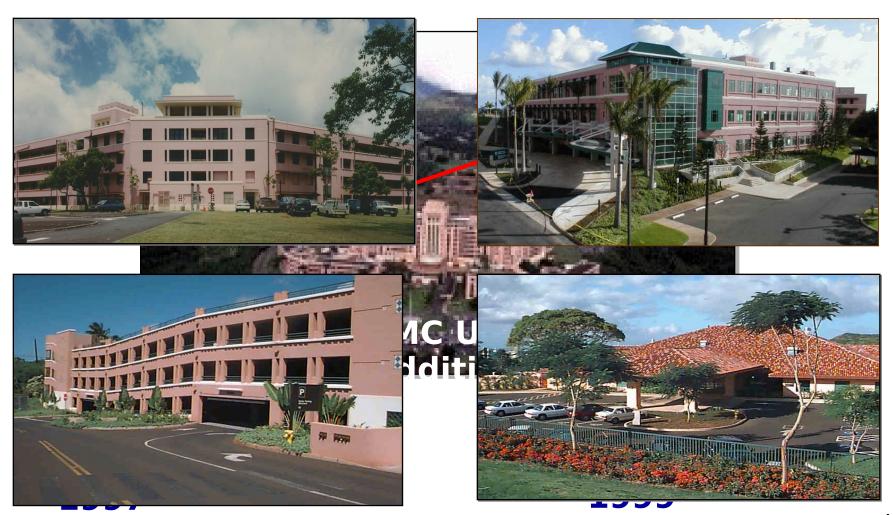


- Designated in July 1991 as a Joint Venture site
- VA Pacific Island Health Care system relocated to the Tripler Campus in 2000, following 5 years of construction
- 5 year Master Sharing Agreement signed in 2002—expires Dec 2007
- Annual Reimbursements for all services between agencies exceed \$13M/year
- Designated NDAA 2003 DEMO Site for Budget and Finance
- Actively participate in Joint Incentive Fund



DoD/VA Joint Venture History







Overview (Con't)



Goals:

- 1. Construct Ambulatory Care Center
- 2. Maximize use of State Veteran Home at Hilo
- 3. Jointly explore creative ways to provide additional support at marginal cost. Potential new sharing initiatives include:
 - TAMC becoming 'prime vendor' for PIHCS
 - PIHCS embedding specialists into TAMC for stability of service
 - Simplifying MSA
 - Creating joint venture policies
 - 4 new JIFs being developed for FY2007 Data Call
 - Create sub acute unit
- 4. Streamline manual administrative processes



Progress to Date



- CAD/CAM Orthotics ('04 JIF)
- Dialysis Unit operated by PIHCS ('05 JIF)
- Pain Management ('05 JIF)
- Opened PRRP unit (2006)
- VAPIHCS Hospitalist and Ophthalmologist embedded into TAMC staff
- Incorporated provisions to support GME into reimbursement methodology
- Last year of the DEMO Project (ends Sept 07)



5 Things We Do Well



- 1. Patient-centered focus
- 2. Joint Incentive Projects
- 3. Open and frank communications; agree to disagree
- 4. Thinking outside the box
- 5. Focus on the mission



5 Things Needed



- Capability to use barter
 - Current policies and procedures restrict win-win
- Streamline administrative processes
 - Intensive manual efforts are currently required
- Unified IT support
 - Supports data gathering and decision making
- Simplified JIF proposals
 - Concept papers in Phase I; Business Case Analysis in Phase II
- Reimburse DOD by use of VISTA FEE
 - Requires EFT vs. IPAC



Lessons Learned



Fee System Workload Capture - DFAS does not permit VA to pay using EFT

- Defense Finance & Accounting Service (DFAS) requires use of the Intragovernmental Pay and Collection System (IPAC) for VA to reimburse DoD for services.
- Results in payments outside of the VA's FEE system.
- VISTA FEE can pay using electronic fund transfer (EFT) or credit card, but not IPAC.
- IPAC is the "preferred method" of payment between governmental agencies.
- For VAPIHCS, non-VA workload constitutes 40% of their annual budget or approximately \$40 million.
- For VA/DoD joint ventures to succeed, a standardized solution needs to be reached and implemented.



Lessons Learned



Improvements in Consult Management and Appointing/Creation of the VA Referral Center

- The need was to decrease unauthorized workload, to provide clinical review of the consultation to ensure completeness, and to track consults
- Assets (3+FTE) were dedicated to process consults and appoint VA patients. These assets were co-located with the Utilization Management staff (2 FTE).
- Result was a reduction in unauthorized care, improvements in timeliness and tracking of authorizations and ease in the coordination of patient care



Lessons Learned





Timid



